## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE ARKANSAS

ATTACHMENT 3.1-A Page 9b

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

March 1, 2000

CATEGORICALLY NEEDY

- 23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
  - a. Transportation (Continued)
    - (4) Volunteer Transportation

Volunteer carriers are reimbursed for providing transportation to recipients to medical services provided the carriers are registered by the Arkansas Department of Human Services and Medical Services and the medical services are part of the case plan. A General Relief check is issued by local Human Services staff for payment of Medicaid transportation if a licensed carrier is not available.

These services may be billed once per day, per recipient for a maximum of 300 miles per day. The benefit limit does not apply to EPSDT recipients.

- (5) Domiciliary Care The cost of meals, lodging and transportation en route to and from medical care.
- b. Services of Christian Science Nurses Not Provided.
- c. Care and services provided in Christian Science sanitoria Not Provided.

STATE Chkansas	
DATE REC'D VINDO	
DATE APPVD NASTOD	Α
DATE EFF 3/1/00	
HCFA: 179 49-30	

SUPERSEDES: TN. 49-04

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE ARKANSAS

ATTACHMENT 3.1-A Page 9c

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

July 1, 1997

- Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (Continued)
  - d. Nursing facility services for patients under 21 years of age.

A Registered Nurse and a Physician Reviewer assess medical needs and make medical eligibility determinations and patient level of care classifications for applicants referred by a physician for nursing home care.

Nursing facility services include coverage of prescription medications within the State's formulary without limitations.

e. Emergency Hospital Services

Limited to immediate treatment and removal of patient to a qualifying hospital as soon as patient's condition warrants.

1	- The state of the	
	STATE ARKUNSOS	
1	DATE RECO STIHLAY	
ļ	DATE APPYO . SULLAY	Α
ı	DATE EFF MILIAM	
l	HCFA 179 97-03	- 1
•	and the second second	

SUPERSEDES: TN. 93-04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A Page 9d

STATE <u>ARKANSAS</u>

517112 <u>71110 1110711</u>

SERVICES PROVIDED

AMOUNT, DURATION AND SCOPE OF

Revised:

September 1, 1992

CATEGORICALLY NEEDY

24. Pediatric or family nurse practitioners' services as defined in Section 1905 (a)(21) of the Act (added by Section 6405 of OBRA '89).

Services are limited to 12 nurse practitioner visits per State Fiscal Year, July 1 through June 30. This yearly limit does not apply to recipients in the Child Health Services (EPSDT) program.

Refer to Attachment 3.1-A, Item 6.d.(6) for obstetric-gynecologic nurse practitioner services.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE ARKANSAS

ATTACHMENT 3.1-A Page 10a

## AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

December 15, 1997

CATEGORICALLY	NEED	) }

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Not provided.

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

Personal care services are medically necessary, prescribed services to assist clients with their physical dependency needs. Personal care services involve "hands-on" assistance, by a personal care aide, with a client's physical dependency needs (as opposed to purely housekeeping services). The tasks the aide performs are similar to those that a nurses aide would normally perform if the client were in a hospital or nursing facility.

For individuals age 21 and older, personal care services are provided in the client's home or other specified locations. Locations outside the home are: (1) Residential care facilities, (2) DDS Community based residential home and (3) DDS group homes.

For individuals under age 21, personal care services are provided in the client's home or other locations as mandated by the Omnibus Budget Reconciliation Act (OBRA) of 1993. Effective for dates of service on or after December 1, 1997, prior authorization is required.

Personal care services are covered for categorically needy individuals only.

Effective for dates of service on or after July 1, 1997, for services beyond 64 hours per calendar month, per recipient over age 21, the provider must request an extension. Extensions of the benefit limit will be provided for recipients over age 21 if determined medically necessary.

STATE CONKURSUS

DATE RECTO DECEMBER 12 1997

DATE APPYO DECEMBER 19 1997

A DATE EFF DECEMBER 15 1947

HCFA 179 97-21

SUPERSEDES: IN . 97-14